



APPLICATION FOR
OCCUPATIONAL DRIVER LICENSE
For WORKFIRST, APPRENTICESHIP or ON-THE-JOB TRAINING

FOR VALIDATION ONLY 106-040-254-0005

SEE INSTRUCTIONS ON REVERSE

NAME (Last, First, Middle Initial)			ODL FEE _____ DATE RECEIVED _____		
RESIDENCE ADDRESS			LSR INITIALS _____ OFFICE NO. _____		
CITY			STATE	ZIP	
MAILING ADDRESS					
CITY			STATE	ZIP	
BIRTHDATE	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER Requested for identification purposes only. Entering SSN is voluntary. WAC 308-104-014.			

UNPAID TICKET PAYMENT PLAN(S)—TO BE COMPLETED BY THE COURT(S) **ADDITIONAL SPACE IS PROVIDED ON REVERSE**

1	VIOLATION DATE	CHARGE	TICKET/ DOCKET NUMBER	COURT/ NCIC NUMBER	PAYMENT PLAN(S) ENTERED INTO? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADJUDICATION SENT TO DOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		SIGNATURE OF COURT REPRESENTATIVE X Date		
2	VIOLATION DATE	CHARGE	TICKET/ DOCKET NUMBER	COURT/ NCIC NUMBER	PAYMENT PLAN(S) ENTERED INTO? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADJUDICATION SENT TO DOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		SIGNATURE OF COURT REPRESENTATIVE X Date		
3	VIOLATION DATE	CHARGE	TICKET/ DOCKET NUMBER	COURT/ NCIC NUMBER	PAYMENT PLAN(S) ENTERED INTO? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADJUDICATION SENT TO DOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		SIGNATURE OF COURT REPRESENTATIVE X Date		

AFFIDAVIT OF ENROLLMENT—TO BE COMPLETED BY EMPLOYER, PROGRAM MANAGER OR CASE WORKER

NAME OF EMPLOYER/ PROGRAM MANAGER/ CASE WORKER		APPLICANT REQUEST IS FOR <input type="checkbox"/> WorkFirst <input type="checkbox"/> Apprenticeship/ OJT <input type="checkbox"/> 14 Day License (Apprenticeship/ OJT)	
STREET ADDRESS OF EMPLOYER/ PROGRAM MANAGER/ CASE WORKER			
CITY		STATE	ZIP
EMPLOYEE WORK/ COMMUTE HOURS (Not over 12 hrs in a 24 hr period) From <input type="checkbox"/> am <input type="checkbox"/> pm To <input type="checkbox"/> am <input type="checkbox"/> pm		DAYS EMPLOYEE WORKS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	
GEOGRAPHICAL WORK/ COMMUTE AREA (County or City)			
EMPLOYEE NEEDS TO OPERATE A MOTOR VEHICLE TO: <input type="checkbox"/> Drive to/ from work <input type="checkbox"/> Make deliveries/ service/ sales calls <input type="checkbox"/> Other _____			
NAME OF CONTACT PERSON			(AREA CODE) TELEPHONE NUMBER ()
SIGNATURE OF EMPLOYER/ PROGRAM MANAGER/ CASE WORKER X Date			

APPLICANT STATEMENT—TO BE COMPLETED BY APPLICANT

APPLICANT SIGNATURE <i>I certify that I am engaged in or have applied for an occupation or trade that makes it essential for me to operate a motor vehicle either on the job or to and from work.</i> X Date	
(AREA CODE) HOME TELEPHONE NUMBER ()	(AREA CODE) WORK TELEPHONE NUMBER ()

UNPAID TICKET PAYMENT PLAN(S) Continued

4	VIOLATION DATE	CHARGE	TICKET/ DOCKET NUMBER	COURT/ NCIC NUMBER	PAYMENT PLAN(S) ENTERED INTO? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADJUDICATION SENT TO DOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE OF COURT REPRESENTATIVE X Date			
5	VIOLATION DATE	CHARGE	TICKET/ DOCKET NUMBER	COURT/ NCIC NUMBER	PAYMENT PLAN(S) ENTERED INTO? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADJUDICATION SENT TO DOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE OF COURT REPRESENTATIVE X Date			
6	VIOLATION DATE	CHARGE	TICKET/ DOCKET NUMBER	COURT/ NCIC NUMBER	PAYMENT PLAN(S) ENTERED INTO? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADJUDICATION SENT TO DOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE OF COURT REPRESENTATIVE X Date			

Eligibility requirements for an Occupational Driver License under RCW 46.20.391, Section 2:

- You must have had a valid driver license on the effective date of the suspension(s) for which you are applying.
- You are not eligible for a Occupational Driver License for WorkFirst, Apprenticeship, or On-the-Job Training reasons if you are suspended or revoked for Driving Under the Influence or Physical Control. To be eligible for an Occupational Driver License under the law referenced above, your driving privileges can only be suspended for:
 - failure to respond to, appear in/at court or pay a traffic ticket under RCW 46.20.289;
 - a violation of the financial responsibility laws under Chapter 46.29 RCW; or,
 - multiple violations within a specified period of time under RCW 46.20.291.
- One of the following conditions must apply:
 - you must be presently engaged in, or have applied for, an apprenticeship or on-the-job training program (OJT) for which a driver license is required; or,
 - you must be in a WorkFirst program pursuant to Chapter 74.08A RCW to become gainfully employed and the program requires a driver license.

The Department of Licensing will cancel an Occupational Driver License upon receipt of notice that the holder:

- has been convicted of operating a motor vehicle in violation of it's restrictions;
- has had their driving privilege suspended or revoked for any reason during the time the Occupational Driver License is in effect;
- is no longer enrolled in a WorkFirst Program; or
- is no longer engaged in an apprenticeship or OJT program.

An Occupational Driver License cannot be granted to operate a commercial motor vehicle (Chapter 46.25 RCW).

Instructions:

- Complete the applicant information at the top of the form.
- Have the "UNPAID TICKET PAYMENT PLAN(S)" section completed by a representative of the court if suspension is for unpaid tickets.
- Have the "AFFIDAVIT OF ENROLLMENT" section completed by your employer, program manager, or case worker.
- File proof of financial responsibility by one of the following methods:
 - by filing a Certificate of Insurance (SR-22) issued by the home office of a company authorized to do business in the State of Washington. (This is the simplest and most common means of compliance. If you choose this method, contact your insurance agent for assistance. Because this process may take several weeks, your prompt action is advised.);
 - by filing a surety bond executed by the person giving proof and a surety company duly authorized to do business in this state, or by the person giving proof and by two individual sureties; or
 - by filing a certificate from the State Treasurer signifying that a sum of \$60,000 or collateral of equivalent value approved by him has been deposited.
- Sign and date this application. Be sure all required information has been completed.
- Take the completed form to any driver licensing office and pay the required \$25 nonrefundable fee or mail the form and fee to:
Department of Licensing, Driver Services Occupational License Desk, PO Box 9048, Olympia, WA 98507-9048.

THIS IS NOT AN OCCUPATIONAL DRIVER LICENSE. Once your application has been processed and if all other requirements have been met, your Occupational Driver License will be mailed to you by the Department of Licensing in Olympia. This license will specify the times you may drive, the vehicles you may drive and the area within which you may drive. The Occupational Driver License can only be used for OJT, apprenticeship or WorkFirst purposes within the hours and geographical areas specified. If you have further questions, please call the Customer Service Unit at (360) 902-3900.

*The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, please call (360) 902-3900 or TTY (360) 664-0116.*